Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : 120020000140 Phone : (561)844-3600 Fax Number : (561)842-4104

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: KDB Cohen Novris. Com-

FLORIDA LIMITED LIABILITY CO. SINGER ISLAND REAL ESTATE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Corporate Filing Menu

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COVER LETTER

TO:	New Filing Section Division of Corporations		
CUDIC	SINGER ISLAND REAL ESTAT	E, LLC	
SUBJE		Limited Liability Company	_
The enc	losed Articles of Organization and fce(s)	are submitted for filing.	
Please re	eturn all correspondence concerning this	matter to the following:	
	GREGORY R. COHEN, ESQ		
		Name of Person	
	COHEN NORRIS WOLMER RA	Y TELEPMAN BERKOWITZ & COHEN	
		Firm/Company	
	712 U.S. HIGHWAY ONE, SUIT	TE 400	
		Address	
	NORTH PALM BEACH, FLORI	DA 33408	
	KD@COHENNORRIS.COM	City/State and Zip Code	
		ed for future annual report notification)	
For furthe	r information concerning this matter, ple	ase call:	
	KARIN DRAKAS	561 844-3600	
	Name of Person	Area Code Daytime Telephone Number	-
Enclosed	is a check for the following amount:		
≣ \$125.	00 Filing Fee S130.00 Filing Fee Certificate of Status	Certified Copy Certifical (additional copy is enclosed) Certified	O Filing Fcc, te of Status & S Copy Copyis enclosed
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	7 F112: 35

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

SINGER ISLAND REAL ESTATE, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5510 N. OCEAN DRIVE SUITE 25B SINGER ISLAND, FLORIDA 33404

SUITE 25B

SINGER ISLAND, FLORIDA 33404

5510 N. OCEAN DRIVE

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

GREGORY R. COHEN, ESQ

712 U.S. HIGHWAY ONE, SUITE 400

Florida street address (P.O. Box NOT acceptable)

NORTH PALM BEACH FLORIDA

City

والمستنبية المستر

State

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

12-07-22	10:13am	From-
Pocholèn Envelor	.C. I.J. LELI 1 .	

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR.PRES.	DAWN SACCO 5510 N. OCEAN DRIVE, SUITE 25B SINGER ISLAND, FLORIDA 33404
(Use attachment if necessary)	
LE V: Effective date, if other than the defective date is listed, the date must be of filing.) If the date inserted in this block does not be a second to b	date of filing: specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not ent of State's records.
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LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does not ament's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exelled a ware that any file constitutes a third department.	member or an authorized representative of a member. ent of State's records. member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. SACCO Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent (1)